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<b>SERIAL NUMBER</b> 10/663,002	<b>FILING OR 371(c) DATE</b> 09/16/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1636	<b>ATTORNEY DOCKET NO.</b> D0295 NP
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**\*\* CONTINUING DATA \*\*\*\*\*** *OK JP*  
 This appln claims benefit of 60/412,616 09/20/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *JP*  
**NONE**

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 12/23/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>JP</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
23914

**TITLE**  
Assay for PPAR ligand dependent gene modulation

<b>FILING FEE RECEIVED</b> 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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